

# Index of Claims



Application/Control No.

10/720,312

Examiner

Stephen Avila

Applicant(s)/Patent under Reexamination

ALEXANDER, DENNIS C.

Art Unit

3617

|   |          |
|---|----------|
| ✓ | Rejected |
| = | Allowed  |

|   |                                |
|---|--------------------------------|
| - | (Through numeral)<br>Cancelled |
| + | Restricted                     |

|   |              |
|---|--------------|
| N | Non-Elected  |
| I | Interference |

|   |          |
|---|----------|
| A | Appeal   |
| O | Objected |

| Claim |          | Date |  |  |  |
|-------|----------|------|--|--|--|
| Final | Original |      |  |  |  |
|       | 1        |      |  |  |  |
|       | 2        |      |  |  |  |
|       | 3        |      |  |  |  |
|       | 4        |      |  |  |  |
|       | 5        |      |  |  |  |
| 1     | 6        | 11   |  |  |  |
|       | 7        |      |  |  |  |
|       | 8        |      |  |  |  |
|       | 9        |      |  |  |  |
|       | 10       |      |  |  |  |
|       | 11       |      |  |  |  |
| 2     | 12       | 11   |  |  |  |
| 3     | 13       | 11   |  |  |  |
|       | 14       |      |  |  |  |
|       | 15       |      |  |  |  |
|       | 16       |      |  |  |  |
|       | 17       |      |  |  |  |
|       | 18       |      |  |  |  |
| 4     | 19       | 11   |  |  |  |
| 5     | 20       | 11   |  |  |  |
| 6     | 21       | 11   |  |  |  |
| 7     | 22       | 11   |  |  |  |
| 8     | 23       | 11   |  |  |  |
| 9     | 24       | 11   |  |  |  |
| 10    | 25       | 11   |  |  |  |
| 11    | 26       | 11   |  |  |  |
| 12    | 27       | 11   |  |  |  |
| 13    | 28       | 11   |  |  |  |
| 14    | 29       | 11   |  |  |  |
| 15    | 30       | 11   |  |  |  |
|       | 31       |      |  |  |  |
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| Claim |          | Date |  |  |  |
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| Final | Original |      |  |  |  |
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| Claim |          | Date |  |  |  |
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| Final | Original |      |  |  |  |
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|       | 148      |      |  |  |  |
|       | 149      |      |  |  |  |
|       | 150      |      |  |  |  |